

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000001886

**FILED**  
**Oct 04, 2007**  
**Secretary of State**

**Entity Name:** BLACK DATA PROCESSING ASSOCIATES - GREATER TAMPA BAY CHAPTER, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 47595  
TAMPA, FL 33647

**New Principal Place of Business:**

8125 HIGHWOODS PALM WAY  
MS-3B  
TAMPA, FL 33647

**Current Mailing Address:**

P.O. BOX 47595  
TAMPA, FL 33647

**New Mailing Address:**

P.O. BOX 47105  
TAMPA, FL 33647

**FEI Number:** 59-3234751      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MOZON, LESLIE A  
4348 REDCOAT DRIVE  
WESLEY CHAPEL, FL 33543      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LESLIE A. MOZON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MOZON, LESLIE A  
Address: 4348 REDCOAT DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T      ( ) Delete  
Name: AUSTIN, CHERYL  
Address: 519 NORTH LARRY CIRCLE  
City-St-Zip: BRANDON, FL 33511

Title: D      ( ) Delete  
Name: LORRAINE, WILDMAN  
Address: 8336 GARRISON CIRCLE  
City-St-Zip: TAMPA, FL 33615

Title: D      ( ) Delete  
Name: MOORE, ERNEST  
Address: 10003 KATIE COURT  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE A. MOZON

P

10/04/2007

Electronic Signature of Signing Officer or Director

Date